



POST ACADEMY – Hearing Exam Report

Applicant Name: _____
Last First MI.

POST ID # _____ -- _____ -- _____
Last 4 of SSN First 4 Letters of 1st Name Day of Birth (01-31) example: John Smith 123-12-1234 DOB 10/02/1975 = 1234john02

To the Applicant: This exam must be performed by an audiologist or a physician with the necessary equipment to conduct the “Pure Tone Threshold Test” using the minimums listed below.

To the examining Physician/Audiologist: The above named applicant has chosen a career as an Idaho Law Enforcement Officer. A “Pure Tone Threshold Test” is required prior to acceptance into the Idaho Peace Officer Standards and Training Academy.

Based upon the Idaho Law Enforcement Officer Job Task Analysis Study an officer must meet the following minimum requirements:

Initial appropriate box:

Hearing Requirement	Meets Minimum	Does Not Meet Minimum
Ability to hear normal speech.		
Binaural hearing.		
Capable of hearing sound sources, direction, localization, and distance.		
Ability to hear whispering.		

HEARING STANDARDS FOR LAW ENFORCEMENT OFFICERS

Applicant must have unaided or aided hearing between zero (0) and twenty-five (25) decibels for each ear at the frequencies of 500 Hz, 1000 Hz, 2000 Hz, and 3000 Hz.

Frequency:	500Hz	1,000Hz	2,000Hz	3,000Hz	HEARING AID USED? ____NO ____YES
Right Ear	____db	____db	____db	____db	
Left Ear	____db	____db	____db	____db	

NOTE ANY ABNORMALITY:

PLEASE COMPLETE ALL ITEMS – INCOMPLETE FORMS WILL NOT BE ACCEPTED.

PHYSICIAN/AUDIOLOGIST STATEMENT AFTER EXAMINATION:

Please initial the appropriate area:

_____ I have examined the above applicant and it is my opinion that the applicant **MEETS** the minimum hearing standards to perform the full duties required of an officer, in training or in the field, as outlined above.

_____ I have examined the above applicant and it is my opinion that the applicant **DOES NOT MEET** the minimum hearing standards for the following reasons:

Signature of Examiner _____ Date of Exam _____

IMPORTANT! Type or stamp Physician's/Audiologist's name, address, telephone number below: